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## Family Functioning and Body Image

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## **Family Functioning and Body Image and (chapter 4)**

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### **4.1 Introduction**

Body image dissatisfaction, the negative subjective evaluation of one's physical or outward appearance (figure, weight, specific body parts) is an important risk and perpetuating factor for eating disorders, being related to their central psychopathological elements, and a prospective factor for low self-esteem, depression and unhealthy behaviors [1].

Body image and its subjective evaluation is a core aspect of the self as developing in childhood, adolescence and adulthood [2]. Since the development of the self is heavily driven by the attachment patterns which arise from family functioning this may represent a crucial issue in the development of body satisfaction and dissatisfaction.

### **4.2 Methodological considerations**

Approaching the research on this crucial issue some considerations on methodological limitations in the research on family functioning and body image should be made. First, only longitudinal research can explore causality, confirming or not the chronological precedence of risk factors and mediating variables. Instead many of the studies on family functioning and body image are of a cross-sectional nature, so they capture associations from which causality cannot be inferred. The use of scales that are based on self-report assessment and recollection of interactions within the family can result in wellknown biases like the under-report of negative behaviors or the differential recollection based on current status (the so-called "Effort after meaning bias") [3,4]. Another particularly important issue in body image research is that instruments suitable for girls, which are mainly centered on the body image perception from a female point of view (e.g. those used in research on eating disorders), may not be transferable to boys, thus accounting for substantial differences in the literature. Moreover, the parallel investigation of parents and the offspring should utilize comparable measures. Different methods of assessing recollection of childhood memories and the inclusion or absence of instruments for the evaluation of mediation variables can lead to different findings across studies.

Finally research should focus not only on body dissatisfaction but also on aspects like positive body image, which has emerged to be a different construct with different psychological correlates from the simple opposite of negative body image.

### **4.3 Parental modeling and attitudes towards eating**

As analyzed in the review by Rodgers and Chabrol (2009) [4] the research on parent-child interactions and body image has classically explored two main modalities of influence. A first theory suggests that parents serve as a model for the development of the children's body image and eating behaviors. While a negative modeling effect (e.g. negative body image and eating behaviors in daughters shaped after those of the mothers) has been more studied, there is also evidence for a positive model effect, as emerging from the study of Fulkerson and coworkers (2006) that evidenced that the regularity of family meals seems to be related to less disordered eating in the offspring [5,6].

A second theory emphasizes the role of parental verbal messages (in the form of critics, teasing, and encouragement to control weight) directed toward the offspring and concerning the body size and shape, weight and eating behaviours of daughters and sons. Both of these modalities find support in

the literature, but there seem to be a stronger relationship between body image dissatisfaction and parental attitudes than with parental modeling, for which longitudinal studies don't come to consistent findings [4,7].

Concerning the active influences from parents it would be important not to consider only the explicit and negatively connotated messages, but also more subtle and indirect messages as well as comments directed to other individuals. Furthermore, while parental teasing might be a rare event, appearance-related messages from parents are often intended as encouraging but can nevertheless harm the offspring's body esteem. Helfert and Warschburger (2011) found parental encouragement to control weight and shape as the most prevalent aspect of parental pressure perceived by girls and boys [8]. Kluck (2010) identified parental encouragement to control weight and size as the strongest predictor of body dissatisfaction in a retrospective study on young women [9]. The perception of the frequency of messages by the offspring can be different from that reported by the parents, and can also be influenced by already present body concerns. Individuals that already have body image concerns can be more sensitive to messages that wouldn't be considered relevant and remembered by others.

#### **4.4 Parents, peers and media. Internalization and social comparison**

The biopsychosocial model take into account biological characteristics, psychological variables and sociocultural influences and their interactions in the individual development of health and disease. Research on body image based on this model has identified two further main sources of environmental pressure along with family, namely peers and media. Concerning peers, Menzel and coworkers (2010) in their review found a well-established positive association between teasing and body dissatisfaction [10]. The role of family in managing peers pressures on young family member may be reduced in current society because of the role of social cyber communication which is mainly of control and sometimes may evolve in acts of cyberbullism [11].

As regards the media, these are responsible of the spread diffusion among general population of the thin ideal (the unattainable and unhealthy ideal of slenderness) which has become a cultural standard of beauty to which particularly western women are subjected. The possibility that family introjects and interpret towards offspring the implicit requests of this thin ideal was claimed by Gendall and coworkers (1982) at the beginning of the world ED epidemic as a major risk factor concerning family functioning [12,13].

In addition, these three source of influences can interact with each other, and are actually considered to be stronger predictors of body dissatisfaction when combined together than any one of them taken singularly. The tripartite model which incorporates family, peers and media influences proposes a way for them to impact on body image and eating disturbances, that includes internalization of social norms and social comparison as mediating factors. While Keery and coworkers (2004) found influences from parents to be fully mediated by internalization and social comparison, a replication of the model by Shroff and Thompson (2006) found support for a direct effect of parental influences [14,15]. Comments from parents can have an effect not directly related to their content but to the facilitation of other influences. Parents and peers can contribute to the development of an appearance-focused environment in which the adolescents are more easily subjected to beauty ideals and appearance related behaviours, thus growing more concerned with their appearance. For example Nathanson and Botta (2003) evidenced that the focus on appearance rather than the complimentary or critical nature of the comments that parents directed to TV characters was related to disordered eating in the offspring [16].

## 4.5 The role of attachment

Since social pressures and ideals around body size and shape are ubiquitous at least in western societies, but not every individual exposed to unattainable ideals of beauty internalizes these models or develops body dissatisfaction, research has focused on what makes some individuals and not others incorporate them into a self-concept.

Recent research points to attachment as a key factor for this mediation in the development of body satisfaction and dissatisfaction.

Getting along with peers and parental nurturance are core social connections that influence body image. Loving and supportive relationships with parents are prospective contributor to body image satisfaction for adolescent boy and girls, while distant relationships are linked to negative evaluation of self from the children. There are studies that tend to conclude for a greater impact of parental support than peer support on adolescent body image [17,18].

Attachment theory (Bowlby, 1969) posits that the quality of early relational experiences with parental figures is fundamental for developing internal working models about the self and the others, that are maintained stable throughout the lifetime [19]. These internal models influences the individual's adult relationships and the degree of discomfort in handling separation and intimacy.

Attachment can be secure or insecure. Securely attached individuals hold a positive view of the self while having trust in others. On the other hand an early insufficient responsiveness between children needs and parental availability may lead to insecure attachment styles. Insecure attachment can be further subtyped in avoidant or anxious [20]. Individuals characterized as avoidantly attached have a positive model of the self but a negative model of others and are uncomfortable with intimacy.

Anxiously attached individuals have a positive model of others but a negative model of the self and have anxiety about separation. The high need for approval and negative view of the self of this style of attachment, by making the individual more "other" oriented, may confer vulnerability to external negative influences. Some research on body dissatisfaction seems to lead in the direction of a more evident role for anxious attachment than for the avoidant type [21].

Hardit and Hannum (2012) examined a sample of undergraduate women in the framework of the tripartite model [22]. They found the relationship between environmental influences and body dissatisfaction in these sample to be moderated by anxious attachment; young women who reported anxiety about relationships were also more concerned about their bodies. In this view body size and shape would be a concrete way for valuate or devaluate the self. Lower anxious attachment may function as a buffer and protecting factor against environmental pressures. Thus the authors suggest that the cultural and social influences highlighted in the tripartite model might be promoted by attachment insecurity.

Cheng and Mallinckrodt (2009) found that the effect of anxious attachment on body dissatisfaction in a sample on college women was mediated by media internalization [23]. They developed a model to test how the quality of parental bonds and the security of attachment could help women resisting the internalization of media images, leading them to experience body satisfaction. They did not find a direct relationship between either of the parents' care and media internalization, but they found mother's and father's care related to attachment anxiety which in turn was linked to body dissatisfaction through the mediation of media internalization. The examination of the paths of influence for fathers and mothers separately evidence their differing contributions to body dissatisfaction.

Insecure attachment is also recognized to be implicated in the genesis of eating disorders [24]. The description of fathers as distant made by individuals with eating disorders is associated with body dissatisfaction [25]. In general lower mother and father care are associated with greater rate of psychiatric disorders and psychological disturbances. Some researchers have suggested that anorexia nervosa is associated with avoidant attachment, while bulimia nervosa with preoccupied attachment style [26]. However other research has found no difference in attachment insecurity

subtype across the different eating disorders subgroups (pointing to a greater importance of the severity rather than the type of the disorder) [27].

Grenon and coworkers (2016) recently replicated the model of Cheng and Mallinckrodt (2009) in a clinical sample of girls with eating disorders [28]. While the recollection of mothers as less caring was directly related to body dissatisfaction, the recollection of fathers as less caring was related to attachment anxiety and higher media internalization that mediated the relation with body dissatisfaction. They suggest that the fostering of a secure attachment by fathers can potentially protect the daughters from the internalization of media images. Memories of poorer emotional bonding with mothers (the retrospective account made by the individual of the parents' contribution to the parent-child relationship in terms of mother and father overprotection and care, a concept similar to parents' emotional availability) seem to be directly related to daughters self-evaluation and body-esteem. Again attachment anxiety seems to be central to body dissatisfaction development, due to negative view of self, positive view of others and a high need of approval. Along this line of research relating the inter and intrapersonal factors of body dissatisfaction, Abbate Daga and coworkers (2010) questioned if personality traits could explain both attachment insecurity and body dissatisfaction in eating disorders patients [29]. This was previously shown in studies on healthy population that suggested that attachment insecurity could be totally dependent on personality traits [30]. Using the TCI (Temperament and Character Inventory), a widely used and validated personality assessment questionnaire that allows to identify innate (temperament) and acquired (character) personality dimensions, the authors obtained the portrait of a patient with eating disorders as a person with low Self Directedness and Cooperativity (only partially developed character), high Harm Avoidance (fearful, likely to use behavior inhibition strategies) and high Reward Dependence (strong dependence on external reinforcement). They also found evidence for high attachment insecurity in this population. However their results refuted the hypothesis of attachment as a variation in personality: the need for approval scale (measuring a dimension of insecure attachment) was the only variable that independently predicted ED subjects' body concern after the confounding variables and personality traits were considered together. Thus the influences of personality and attachment on body image disturbances cannot be considered overlapped. The interpretation given by the authors was that in these patients thinness might be a way to maintain connections with others, avoiding to be dismissed (interestingly, personality factors appeared to play a greater role when the symptomatology was less severely anorectic). Alternatively, these data support the hypothesis that the lacking approval (e.g. psychological validation) from attachment figures may impair subjects affected with AN in accepting their body image and introjecting it into their developing self-image [2].

#### **4.6 Evidence across the lifespan**

An important priority for research on body image is to investigate the development of body image across the lifespan and identify the factors that contribute to it.

So far the few studies that examined the relationships between family functioning and body image satisfaction and dissatisfaction provided mixed results. For example, Presnell and coworkers (2004) didn't find prospective evidence for links between parental support and body dissatisfaction [31], whereas in a later study Bearman and coworkers (2006) found support from parents to predict body dissatisfaction in boys and girls [17].

Holsen and coworkers (2012) analyzed body satisfaction in a Norwegian sample beginning at age 13 and ending at age 30, thus capturing the years of adolescence and early adulthood [32]. Their goal was to examine the impact of early relationships with parents on the development of body

image. First they found, as predicted, a clear evidence for gender difference in body image satisfaction, with males having a more positive body image than females in a way that did not diminish with age. They also confirmed the role of BMI across adolescence and early adulthood. In contrast with some previous research they documented a relatively stable growth in body image satisfaction during adolescence and a stabilization in adulthood. They also found that the quality of parent-child interactions represented a significant predictor of initial level of body satisfaction, after controlling for BMI. Again this finding highlights the relevance of the relationships with others for the evaluation of the physical self. However the negative effect of initial negative relationships seemed to diminish entering early adulthood. In this period individuals who reported less positive relationships at the beginning recovered with a steeper growth in body image satisfaction. Concerning relationships with peers, these emerged less relevant than the quality of the relationships with parents, which seemed to continue to exert an effect even when the growing adolescents spent less time with parents and more with peers.

The systemic perspective on family underscore the interdependence of individuals as elements of a system, suggesting that children and parents can influence each other in a dynamic way.

Family connectedness, the sense of belonging and psychological closeness of the family, has been linked to several positive outcome for adolescents.

Boutelle and coworkers (2009) found that parent-child connectedness predicted body satisfaction for girls 5 years later, while body satisfaction predicted parent-child connectedness for boys [33]. Crespo and coworkers (2010) took on this perspective and focusing on body satisfaction examined its relation with family connectedness [34]. They found that for girls the perceived family connectedness across time predicted body satisfaction, which was in turn a predictor of family connectedness.

Yu (2016) examined longitudinal data from a sample of young boys and girls in South Korea, which is the country with the highest rate of cosmetic surgery per capita [35]. Adolescents in this country seem to be particularly burdened by cultural pressures and unrealistic standards of beauty. The author found different trajectories of body dissatisfaction. The different growth trajectories had different antecedents and girls who reported lower parent-child connectedness at baseline were likely to be in a development class characterized by high body dissatisfaction. The stability of body dissatisfaction pointed to a lasting role of early influences. Again connectedness to parents emerged as a protective factor for body dissatisfaction for boys and girls. It is noteworthy that also the feeling of low autonomy predicted greater body dissatisfaction in the growing adolescents.

Helfert and Warschburger (2011) found longitudinal evidence for the link between parental encouragement to control weight and shape and body dissatisfaction one year later [36]. As shown in cross-sectional research this points the attention to encouraging parental comments regarding weight and shape meant to be supportive but with negative effects. As in previously cited reports also in this case teasing from peers and parents did not result as relevant for the development of body concerns.

#### **4.7 Gender, age and parental influences**

As evidenced before there are gender similarities and differences in the contributions of relationships with parents to body image. Some studies suggest a greater impact of parental interactions for girls [34,37]. Girls are also supposed to be more likely to perceive and act on their body dissatisfaction at more precocious levels than boys [38,39].

It is widely recognized that in westernized society body ideals are gender specific, thus girls appear to be more likely to engage in behaviors to lose weight and boys in strategies to increase

muscles. Boys and girls are thought to share body ideals with same gender adults. In this direction there are studies supporting the relation between mothers' and daughters' levels of body dissatisfaction [5,40,41]. Regarding gender differences in parental messages, it appears that they are more strongly linked to behaviours in girls. Instead, it seems that daughters receive more messages related to appearance from fathers than from mothers [5].

Research on children has proposed that body image dissatisfaction can emerge since 5 years of age, particularly for girls [42,43]. Although generally considered to increase in the challenging time of adolescence, literature findings may range from those showing a worsening of body image to those showing an improvement in the adolescence years.

As reviewed by Tatangelo and coworkers (2016) some studies seem to indicate that a growing number of children from the age of 6 are not satisfied with their appearance, while others suggest children to be general satisfied with their bodies [44,45,46]. However it's clear that even younger children have a preference for thin bodies, indicating an early adhesion to the thin ideal in western culture. So it is relevant to determine the role of parents in shaping this preference and more importantly if it's related to the evaluations that the children might perform of their own bodies [47].

Wong and coworkers (2013) showed that the primary caregiver's satisfaction of the body size of their preschool children was related to the satisfaction of the children [48]. As for adolescents' verbal messages from parents about the appearance of the child seems to exert a relevant influence on preschool children's body image. Research in this area has mainly considered mothers influences. As said before for adolescents it would be useful to investigate the differential pathways by which mothers and fathers influence body image development.

Along with fathers it could be relevant to study also the impact of relationships with siblings. Sinton and Birch (2006) showed older siblings to be particularly influent on preschool children body image [49].

Finally some research supports the hypothesis that the family versus peer influences on the development of subject's body image may exert different weights depending on each development phase. Some authors suggest that connectedness to parents would play a major role in developing offspring's body image during childhood, while peer pressure would exert greater influence during the adolescence. In adulthood, the relationship with romantic partners or other attachment experiences might grow in relevance as source of influences for body image. Avalos and Tylka (2006) found that the acceptance from the person (from example the romantic partner) that adult subjects considered most influent in their life as object of attachment, was related to greater perceived acceptance of their body by others (and to intuitive eating) [50].

#### **4.8 Interventions on the family functioning**

The role of attachment dynamics in the management of individuals with body image disturbances has been strongly evidenced by the study of Tereno and colleagues (2008) [51]. The parent-child attachment memories of patients were strictly related to the current quality of therapeutic relationship with a heavy potential influence on the outcome of the treatment.

Moreover a more precise knowledge of the family-related predictors of body dissatisfaction can guide more informed strategies for prevention through individual and family targeted intervention. The evidence of different trajectories of development of body dissatisfaction related to family functioning that comes from longitudinal studies may help the design of specific preventive interventions for subgroups of population. For instance a great attention should be payed to the attachment dynamics with parents and also to parental criticism on body image and weight during

early childhood, since this period is crucial for the early development of body image. Instead, more attention should be paid to the criticism of peers during adolescence.

Attachment based models suggest specific areas of preventive intervention since early childhood, for example addressing the attachment insecurity which has been demonstrated as a typical risk factor for body dissatisfaction in eating disorders patients. Primary preventive interventions should focus on supporting parents to reduce attachment anxiety in their offspring fostering the development of secure attachment. This could counteract the negative influences on body image evaluation by preventing their internalization.

Secondary preventive interventions may be carried on parents in the therapeutic settings, e.g. during family therapies or family counseling interventions [52]. Therapists should assess attachment style and family recollection when treating patients characterized by body image disturbances.

On the other hand, specific psycho-educational programs should be developed to help parents in preventing the negative influence of media on their relationship with children. Parents should be discouraged to pursue the thin ideals in the education of their offspring. Instead, they should be warned that to maintain an adequate body weight and image in their children they should maintain a warm and supportive relation that fosters secure attachment, thus helping developing a positive view of self and others [53].

If preschool were confirmed to be the time when body image concerns begin to form, the delivery of positive body image messages for children and parents could be particularly efficacious since the birth of the child. Mental healthcare should consider that only programs for parent education during this early period of child life could really prevent the emergence of body image disturbances in the offspring. McCabe and coworkers (2014) implemented a program in which the parents of 3 to 6 years old boys participated at two educational workshops and found after such intervention a greater awareness in the parents of how they may impact on their sons and daughters body image [54].

Finally it must be accounted for that the knowledge coming from the systemic perspective on family that any member can influence the others is dense of practical implications that should be considered when developing prevention programs, for instance including all family members or being presents at a population level.

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